ENTRY BLANK			
PLEASE TYPE OF	RPRINT	Entered previo	us May Show
		□ yes	□ no
☐ Ms. ☐ Mr. Artist		(0)	
LEF IVII. Artist	Juure	~ 1 (A)	Last Name Last
Permanent Address 138	33 V	1114 th	#103
Stree	· cu	. o	City
	T	671-8	939
441102	Tel. (216)	236	8203
Zip Temporary or Studio Address	Area Code		
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	Tel. ()		
Zip	Area Code		
Western Reserve, w Collaborator If May Show entried Artist will pick	(If Any)	epted or not sold	
☐ Museum should			
☐ Museum should	d ship to artis	st C.O.D. at this a	ddress:
	This	Stanle	
Special Instruction When necessary ind how the object is t	clude below in		rawing of
This entry blank mentry blanks will no			ed. Unsigned
Note carefully cale understood that the its own account and	e Museum wil	ll have the right t	o dispose for

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

It is also understood that accepted objects will remain on

exhibition until May 18, 1980.

7						
ENTRY BLANKS						
☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts						
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DO NOT DETACH

1980 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

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Name	1 8	
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Address		
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City & St	ate	Zip

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2 ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts					
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DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED			
This is your only receipt to claim your object(s).					

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.